** PUBLIC DISC

Check if applicable:

Address change

Name change

Initial return

Final return/ termin-ated

Amended return

Applica-tion pending

Part I

10 11

12 13

14

15

21

22

三年

Activities & Governance

Revenue 9

Expenses

Return of Organization

Department of the Treasury

A For the 2021 calendar year, or tax year beginning

Net assets or fund balances. Subtract line 21 from line 20

Signature Block

Total liabilities (Part X, line 26)

J Website: ► WWW.VMIALUMNI.ORG

Tax-exempt status: X 501(c)(3)

K Form of organization: X Corporation

	** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047
990	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (c		0004
	▶ Do not enter social security numbers on this form as it ma		Open to Public
nent of the Treasury Revenue Service	► Go to www.irs.gov/Form990 for instructions and the late	est information.	Inspection
the 2021 caler	dar year, or tax year beginning $$	JUN 30, 2022	
k if C Name	of organization	D Employer identifica	tion number
dduaaa	ALIMBIT AGGOSTATION THE		
ame VIII	ALUMNI ASSOCIATION, INC.		2
ange Doing	business as	54-051575	3
turn Numb	er and street (or P.O. box if mail is not delivered to street address) BOX 932 Room/su	ite E Telephone number $540-464-7$	383
min- ed City or	town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,387,698
	INGTON, VA 24450	H(a) Is this a group retu	ırn
plica- n F Name	and address of principal officer: CRISSY S. ELLIOTT	for subordinates?	Yes X No
	AS C ABOVE	H(b) Are all subordinates inclu	uded? Yes No
exempt status:		If "No," attach a lis	st. See instructions
	.VMIALUMNI.ORG	H(c) Group exemption	
of organization:	X Corporation Trust Association Other ► L Y	ear of formation: 1934 M	State of legal domicile: V 2
I Summar	•		
	ibe the organization's mission or most significant activities: ${ t TO \;\; ASSIS!}$		
INSTIT	<u>UTE (VMI), A STATE SCHOOL, BY DEVELOPIN</u>	G AND SUPPORTI	NG ALUMNI
Check this b	box 🕨 🔛 if the organization discontinued its operations or disposed of m	ore than 25% of its net asset	
	oting members of the governing body (Part VI, line 1a)		24
Number of in	ndependent voting members of the governing body (Part VI, line 1b)		24
Total number	er of individuals employed in calendar year 2021 (Part V, line 2a)		10
	er of volunteers (estimate if necessary)		0
	ted business revenue from Part VIII, column (C), line 12		0.
b Net unrelate	d business taxable income from Form 990-T, Part I, line 11		0.
		Prior Year	Current Year
Contribution	s and grants (Part VIII, line 1h)	1,044,991.	1,380,291
•	vice revenue (Part VIII, line 2g)	0.	0.
	ncome (Part VIII, column (A), lines 3, 4, and 7d)	6,050.	3,201.
	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,000.	4,206.
	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,061,041.	1,387,698
	similar amounts paid (Part IX, column (A), lines 1-3)	6,646.	55,778.
	d to or for members (Part IX, column (A), line 4)	0.	010 707
	er compensation, employee benefits (Part IX, column (A), lines 5-10)	903,330.	812,727.
	fundraising fees (Part IX, column (A), line 11e)	0.	0.
	ising expenses (Part IX, column (D), line 25) 104,914.	142 142	E70 455
	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	142,142.	570,455.
	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,052,118.	1,438,960.
Revenue les	s expenses. Subtract line 18 from line 12	8,923.	-51,262.
	/2 I	Beginning of Current Year	End of Year
.0 Total assets	(Part X, line 16)	2,541,538.	3,901,860.

324,466.

072.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

,	o ., a	a compición bo	0101010	o. p. opa. o. (o		.,	sacca en an		aren er minen prepa	ioi iiao aiij ii		.90.				
Sign Here		Signature of CRISSY		ELLIOTT	CHII	EF	FINAN	CIAL	OFFICER		Date					
		Type or print	t name a	and title	-											
	Prin	ıt/Type prepare	r's nam	ne		Prep	oarer's signa	ture		Date		Check	PTIN	V		
Paid	LAI	KRISHA	J.	WATSON		LAI	KRISHA	. J.	WATSON	11/14	/22	self-employed	P016	5773	33	
Preparer	Firm	n's name 🕨	FOR	VIS, LLE							Firm's	s EIN ▶ 44	-016	5026	0	
Use Only	Firm	n's address 🛌	901	EAST CA	ARY ST	REE	ET, SU	ITE	1000							
			RIC	HMOND, V	/A 232	19					Phone	e no. (804) 28	32-7	636	5
May the IF	RS di	scuss this re	turn wi	ith the preparer	shown abo	ve? S	See instruc	tions					X	res [No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

736,050.

165,810.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	├°		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Gordon Gordon Corractor, Gordon (79), mile 1: 11 165. Complete Gorleuule I, Falts I aliu II			L

Form	rt IV Checklist of Required Schedules (continued)	5/53	P	age 4
Fai	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	.		
	any tax-exempt bonds?	24c		₩
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		_v
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		 ^
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۱
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		1
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
•	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 T 5.2	
4 -	Enter the number reported in her 2 of Form 1000 Fatar 0 if and analysis his	0	Yes	No
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	–		
-	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			

132004 12-09-21

Form **990** (2021)

(gambling) winnings to prize winners?

021) VMI ALUMNI ASSOCIATION, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) 54-0515753 Page **5** Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	J , , , , , , , , , , , , , , , , , , ,	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	•		x
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CL		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a		Х
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		- 22
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	1 7			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
	action and action action and action action and action				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			110
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
_	of efficient diseases to other contents and the contents of th			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockhol	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	ıı by ınd	iepenaent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	х	
	The organization's CEO, Executive Director, or top management official			15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b	43	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a			
100	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3)	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bootening of the person who possesses the organization of the person who person of the person	oks and	records			
	PO BOX 932, LEXINGTON, VA 24450					

132006 12-09-21

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A)	(B)	lya	iiiZa		C)	ipcii	oatt	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week				l	1711 43		from the	from related	other
	(list any hours for	Individual trustee or director				Ļ		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	ividua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	For			
(1) STEPHEN M. MACONI	2.00								050 005	01 000
CEO THROUGH 10/2021	44.00			X				0.	278,805.	21,003.
(2) DAVID L. PRASNICKI	2.00			l					004 544	0 040
CHIEF EXECUTIVE OFFICER	44.00			X				0.	204,744.	9,848.
(3) CRISSY S. ELLIOTT	2.00								120 644	10 100
CHIEF FINANCIAL OFFICER	44.00			Х				0.	139,644.	18,100.
(4) THOMAS A. BRASHEARS	40.00							110 265	_	0.664
CHIEF OPERATING OFFICER	0.00			Х				119,367.	0.	9,664.
(5) ABILIGAL L. DAWSON	2.00								_	
BOARD MEMBER	0.00	Х						0.	0.	0.
(6) MAX H. HOPKINS	2.00								_	
BOARD MEMBER	2 00	Х						0.	0.	0.
(7) GUY F. CONTE	2.00								_	
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) JAMES E. HENRY, JR.	2.00	.,							_	
BOARD MEMBER	2 00	Х						0.	0.	0.
(9) COLONEL BLAKE W. THOMAS	2.00	37							_	
BOARD MEMBER	2 00	Х						0.	0.	0.
(10) TODD M. BALDWIN	2.00	37							_	_
BOARD MEMBER	2 00	Х						0.	0.	0.
(11) MICHAEL C. ZIRKLE	2.00	37							_	_
BOARD MEMBER	2 00	Х	_					0.	0.	0.
(12) RICHARD C. COUPLAND, III	2.00	37							_	_
BOARD MEMBER	2 00	Х						0.	0.	0.
(13) LT. COLONEL SAMUEL C. JOHNSTON	2.00	v							_	_
BOARD MEMBER	2 00	Х						0.	0.	0.
(14) JOHN D. KEARNEY, JR.	2.00	v							0.	_
BOARD MEMBER	2.00	Х						0.	0.	0.
(15) JOEL W. ANDRUS BOARD MEMBER	4.00	Х						0.	0.	_
(16) JEFF WASHINGTON	2.00	Λ	\vdash					0.	U •	0.
BOARD MEMBER	4.00	Х						0.	0.	_
(17) WILLIAM O. SEIFERTH	2.00	^	\vdash		\vdash		\vdash	"	U •	0.
BOARD MEMBER	4.00	Х						0.	0.	0.
132007 12-09-21	1	Δ.			<u> </u>		<u> </u>	1 0.	<u> </u>	Form 990 (2021)

Name and title	Average hours per week	box	not c , unle: cer ar	Pos heck ss pe	more rson i	than is bot	h an	compensation	Reportable compensation from relate	on	l .	stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC	SC/	fr org an	pensa rom the anizat d relate anizatio	e ion ed
(18) LT. COLONEL JAMES G. JOUSTRA	2.00									•			•
BOARD MEMBER	2 00	X	_		_	├	-	0.		0.			0.
(19) GRANT T. HARRIS	2.00	37								^	1		^
BOARD MEMBER	2 00	Х			_	┢	-	0.		0.			0.
(20) MR. GARLAND GRAY III BOARD MEMBER	2.00	Х						0.		0.			0.
(21) DENNIS A. HACKEMEYER	2.00	Λ				\vdash		· ·		0.	$\vdash \vdash$		0.
BOARD MEMBER	2.00	Х						0.		0.			0.
(22) DAVID P. LODUCA	2.00						-	0.		0.			0.
BOARD MEMBER	2.00	Х						0.		0.	1		0.
(23) COLONEL MICHAEL A. KELLY	2.00	Λ			_	\vdash		<u> </u>		<u> </u>			0.
BOARD MEMBER	2.00	Х						0.		0.	1		0.
(24) COLONEL KELLY R. HOLBERT	2.00	22						-		•			<u> </u>
BOARD MEMBER	2:00	Х						0.		0.	1		0.
(25) COLONEL ANTHONY J MACDONALD	2.00												
BOARD MEMBER		х						0.		0.	1		0.
(26) H. LARRY MAYS, JR.	2.00												
BOARD MEMBER		Х						0.		0.	1		0.
1b Subtotal	•				•		▶	119,367.	623,1		5	8,6	
c Total from continuation sheets to Part VI							•			0.			0.
d Total (add lines 1b and 1c)							•	119,367.	623,1	93.	5	8,6	15.
2 Total number of individuals (including but n							no r	received more than \$100	,000 of reportabl	е			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, oı	r hi	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	d ot	ther compensation from t	he organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	=				-								
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch ı	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										pensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	ithi		ear.	1			
(A) Name and business	address	NT/	ONE	7				(B) Description of s	services	ے ا		C) nsatio	n
Traine and business	addicoo	TAC	JIVI	<u>. </u>				Bescription of	501 11000		Ompo	noatio	
-													
_													
O Total number of independent and activation (a ali i alica en le cet	a+ !!:	m:± -	1 + -	Lb			d about of the second second	ava the				
2 Total number of independent contractors (ii \$100,000 of compensation from the organic	•	JL III	ıntec	ı (O	tnos)	_	ste(a above) who received m	ore man				

132008 12-09-21

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 VMI ALUMI	NI ASSOC	:LA	7.T.T	ON	,	ΤN	<u>c.</u>		54-051	5753
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) SAMUEL N. STOCKS	2.00									
PRESIDENT	9.00	Х						0.	0.	0
28) ANTHONY U. MOORE	2.00									
VICE PRESIDENT	5.00	Х						0.	0.	0
		ļ								
			_							
		Ī								
			L	L		L				
								i	ı	

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			Officer if Octredule O Cortains a responsi	e of flote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues					
e, E		С	Fundraising events1c					
ifts Ir A			Related organizations 1d 1	,380,291.				
nië,			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and		-			
Ę Ę		•	I					
들 된			similar amounts not included above 1f		-			
E D		_	Noncash contributions included in lines 1a-1f		1 200 201			
<u>5</u> <u>5</u>		h	Total. Add lines 1a-1f		1,380,291.			
				Business Code				
ø	2	а						
, ķ		b						
še		c						
E S		_						
ara Re		d						
Program Service Revenue		е						
₾			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)	>	3,201.			3,201.
	4		Income from investment of tax-exempt bond					
	5		Royalties	<u>-</u>	4,206.			4,206.
	·		(i) Real	(ii) Personal	=7====			
	6	_		()	-			
	О		Gross rents 6a		-			
			Less: rental expenses 6b		4			
			Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
<u>o</u>			and sales expenses 7b					
Revenue		_	Gain or (loss) 7c		-			
ě								
π.			Net gain or (loss)	············				
ther	8	а	Gross income from fundraising events (not					
ŏ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	а				
		b	Less: direct expenses 8	b				
		С	Net income or (loss) from fundraising events	•				
	9		Gross income from gaming activities. See					
	·	_	Part IV, line 19	9				
					-			
			Less: direct expenses	<u>D </u>				
			Net income or (loss) from gaming activities	······· <u> </u>				
	10	а	Gross sales of inventory, less returns					
			and allowances10)a				
		b	Less: cost of goods sold10)b				
		С	Net income or (loss) from sales of inventory					
				Business Code				
snc	11	а						
JE JE	•	b						
lla ven								
Miscellaneous Revenue		C	All others are serve					
Ξ̈́			All other revenue		+			
			Total. Add lines 11a-11d		1 207 600	_	_	D 40D
	12		Total revenue. See instructions	<u></u>	1,387,698.	0.	0.	7,407.

Form 990 (2021) VMI ALUMNI ASSOCIATION, INC. Part IX Statement of Functional Expenses

Socti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	anlete column (A)	
Seci	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	СХРСПОСО
•	and domestic governments. See Part IV, line 21	55,778.	55,778.		
2	Grants and other assistance to domestic	00/1101	33,1131		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	128,992.	64,496.	64,496.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	461,480.	230,740.	230,740.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	64,480.	32,240.	32,240.	
9	Other employee benefits	113,528.	56,764.	56,764.	
10	Payroll taxes	44,247.	22,124.	22,123.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	181,078.		181,078.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4.6			
	column (A), amount, list line 11g expenses on Sch 0.)	16.		2.	14.
12	Advertising and promotion	14,199.	F2 F4F	25 665	14,199.
13	Office expenses	89,212.	53,545.	35,667.	
14	Information technology				
15	Royalties				
16	Occupancy	20 012	19,456.	10 456	
17	Travel	38,912.	19,456.	19,456.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			+	
20	Interest				
21	Payments to affiliates	1,355.		1,355.	
22		1,333.		1,333.	
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SPECIAL FUNCTIONS	129,572.	25,914.	12,957.	90,701.
b	ALUMNI EVENTS	99,879.	79,903.	19,976.	,
c	MISCELLANEOUS	9,789.	6,461.	3,328.	
d	DUES & SUBSCRIPTIONS	6,443.	,	6,443.	
	All other expenses	,		•	
25	Total functional expenses. Add lines 1 through 24e	1,438,960.	647,421.	686,625.	104,914.
26	Joint costs. Complete this line only if the organization	-	-		-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part 2	A	Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
:	2	Savings and temporary cash investments				2	
;	3	Pledges and grants receivable, net				3	
'	4	Accounts receivable, net			51,810.	4	33,090
	5	Loans and other receivables from any current	or forme	officer, director,			
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
- -	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ٰ إِي	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹ ₹	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		69,964.			
	b	Less: accumulated depreciation		62,925.	8,395.	10c	7,039
1	1	Investments - publicly traded securities				11	
1:	2	Investments - other securities. See Part IV, line				12	
1:	3	Investments - program-related. See Part IV, line				13	
1.	4	Intangible assets				14	
1:	5	Other assets. See Part IV, line 11			2,481,333.	15	3,861,731
10	6	Total assets. Add lines 1 through 15 (must eq			2,541,538.	16	3,901,860
1	7	Accounts payable and accrued expenses			2,324,466.	17	3,736,050
	8	Grants payable				18	
19		Deferred revenue				19	
2		Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete				21	
မ္မ 2	2	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
<u>ia</u>		controlled entity or family member of any of the				22	
2	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
	_	of Schedule D		·····	2 224 466	25	2 726 050
2	26	Total liabilities. Add lines 17 through 25		▶ ▼	2,324,466.	26	3,736,050
σ l		Organizations that follow FASB ASC 958, ch	eck her				
ور م	_	and complete lines 27, 28, 32, and 33.			217 072		165 010
<u>a</u> 2				·····	217,072.	27	165,810
<u>8</u> 2	28	Net assets with donor restrictions				28	
<u>š</u>		Organizations that do not follow FASB ASC	958, che	eck here L			
<u> </u>	_	and complete lines 29 through 33.					
St 2		Capital stock or trust principal, or current fund				29	
388 3	80	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated i			217 072	31	165 010
	2	Total net assets or fund balances			217,072.	32	165,810
3	3	Total liabilities and net assets/fund balances			2,541,538.	33	3,901,860

Pai	t XI Reconciliation of Net Assets				3-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,38		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,43	8,9	60.
3	Revenue less expenses. Subtract line 2 from line 1	3			62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21	7,0	72.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16	5,8	<u> 10.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public

Inspection

Employer identification number

			ALUMNI ASS						4-0515753
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions		
The	organ	ization is not a private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5	X	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	-					general r	oublic described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe		(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org				ed in conju	unction with a la	and-grant	college
		or university or a non-land-g							
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carr	y out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 50)9(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 1	l2g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typ	oically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustees	s of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b	, L		anization supervised	or controlled in connect	ion with it	s supporte	ed organization((s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C	: L		grated. A supporting	g organization operated	in connect	tion with, a	and functionally	integrate	ed with,
	_	its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
C			y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supporte	ed organiz	zation(s)
		that is not functionally int	tegrated. The organiz	cation generally must sati	isfy a distr	ibution red	quirement and a	an attentiv	/eness
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е	· L	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II,	, Type III	
		functionally integrated, or		nally integrated supportir	ng organiz	ation.			
		er the number of supported o							
		vide the following information i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of r		(vi) Amount of other
	,	organization	(II) LIIV	(described on lines 1-10	in your governi	ng document?	support (see ins	-	support (see instructions)
				above (see instructions))	Yes	No			
Tota	1 1						I		1

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	, ,	,	,
	membership fees received. (Do not						
	include any "unusual grants.")	1436050.	1113365.	1199647.	1044991.	1380292.	6174345.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1436050.	1113365.	1199647.	1044991.	1380292.	6174345.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						6174345.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1436050.	1113365.	1199647.	1044991.	1380292.	6174345.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	21 624	0.7.000	10 21 7	16 050	5 405	101 506
	and income from similar sources	31,634.	27,298.	19,317.	16,050.	7,407.	101,706.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						6276051.
	Total support. Add lines 7 through 10		`			40	02/0051.
	Gross receipts from related activities,			Contract Contract		12	
13	First 5 years. If the Form 990 is for the						▶□
Sec	organization, check this box and stop						
	Public support percentage for 2021 (li			column (f))		14	98.38 %
	Public support percentage from 2020					15	97.93 %
						<u> </u>	
	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
		•		•		•	
17a	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te				rani-ation		\sim
b	10% -facts-and-circumstances test	_	•	*	-		
	more, and if the organization meets th	· ·				•	
	organization meets the facts-and-circu				•		▶□
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
Ja		
3b		
2-		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (Fo	rm 990)	2021

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supen	vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	ion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cool	suppo	orted organizations played in this regard.	3		
Seci	ion E	E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	· .	·
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
1-		hese activities constituted substantially all of its activities.	2a		
a		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	OL-		
2		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	เบเฟ กะ	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

Pa	T V Type III Non-Functionally integrated 509(a)(3) Support	ing Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see	

Schedule A (Form 990) 2021

instructions)

	t V Type III Non-Functionally Integrated 509	a)(o) Supporting Orga	inzations (Continu	<u>Jea)</u>	
	on D - Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish exe	<u> </u>		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Γ	Γ	10	
		(i)	(ii)		(iii)
ecti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization **Employer identification number** VMI ALUMNI ASSOCIATION, INC. 54-0515753 Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
General Nuie						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
contributor, during literary, or educati	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify					

that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

VMI ALUMNI ASSOCIATION, INC.

54-0515753

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,380,291.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

VMI ALUMNI ASSOCIATION, INC.

54-0515753

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11-		 	Schedule R (Form 990) (2021)

Name of organization **Employer identification number** VMI ALUMNI ASSOCIATION, INC. 54-0515753 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

VMI ALUMNI ASSOCIATION, INC.

Employer identification number 54-0515753

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff	•	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Starr and volunteer flours devoted to monitoring, inspecting, in	andling of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion essements during the year
•	S	ing of violations, and emoroning conservat	non casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	ÿ	
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

132051 10-28-21

Schedule D (Form 990) 2021

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Par	t III Organizations Maintaining Col	lections of Art	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	Contin	ued)	.gc –
3	Using the organization's acquisition, accession								(OOITEI)	uou,	
	collection items (check all that apply):	,	,					00 01 110			
а	Public exhibition	d		I can or evo	hange progra	am					
b	Scholarly research	e			mange progra						
C	Preservation for future generations	e		Otilei							
_	Provide a description of the organization's colle	actions and avaloin	how th	ov further th	o organizatio	n'o ovom	ot purpos	o in Dort	VIII		
4		•		•	•			emran	AIII.		
5	During the year, did the organization solicit or n								7 v		l NIa
Par	to be sold to raise funds rather than to be main t IV Escrow and Custodial Arrange								_ Yes		No
ı uı	reported an amount on Form 990, Part >		ete II tile	organizatio	ii answered	res on r	-01111 990,	, rait iv,	iii le 9, oi		
12	Is the organization an agent, trustee, custodian		ian, for	contribution	e or other sec	eate not in	cluded				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII an								_ 1es		INO
b	ii res, explain the arrangement in Fart Alli an	a complete the lon	lowing t	abie.					Amount	+	
_	Designing helence						40		7 (1110011)	-	
C	Beginning balance						1c				
u	Additions during the year						1d				
e	Distributions during the year						1e				
f O-	Ending balance								Yes	$\overline{}$	No
	_] NO]
Par	If "Yes," explain the arrangement in Part XIII. Control of the complete if the transfer of the complete if the transfer of the complete in the transfer of the complete in the transfer of the complete in the										<u> </u>
ı uı		(a) Current year		rior year	(c) Two yea		d) Three y	pare hack	(e) Four	veare l	hack
4.	—	(a) Ourrent year	(6)	Tioi yeai	(C) TWO yea	13 Dack (u, mice y	cars back	(e) i oui	yours	Jack
	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses					-					
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curren	t year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c should	•									
3а	Are there endowment funds not in the possess	ion of the organiza	tion tha	t are held ar	nd administer	red for the	organiza	tion	r		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the or		wment f	unds.							
Pai	t VI Land, Buildings, and Equipmen										
	Complete if the organization answered "	Yes" on Form 990	, Part IV	/, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or of			or other		cumulate	d	(d) Bool	k value)
		basis (investm	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements			_					=		
d	Equipment			6	9,964.		62,92	25.		7,03	<u> </u>
e	Other										
Total	. Add lines 1a through 1e. (Column (d) must equ	al Form 990. Part	X. colun	nn (B). line 1	0c.)				'	7,03	39.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 VMI ALUMNI	ASSOCIATION,	INC. 5	4-0515753 Page 3
Part VII Investments - Other Securities.	•		9
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		11 0 5 000 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. Gee Form 550, Fart X, line 15.	(b) Book value
(1) DUE FROM RELATED PARTY	Description		3,861,731.
` '			3,001,731.
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15)	<u> </u>	3,861,731.
Part X Other Liabilities.			, , , , , , , , , , , , , , , , , , , ,
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
• ,			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(7) (8) (9)

132054 10-28-21 Schedule D (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations. Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Internal Revenue Service Inspection **Employer identification number** Name of the organization 54-0515753 VMI ALUMNI ASSOCIATION, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) VIRGINIA MILITARY INSTITUTE PO BOX 932 54-6001803 115 5,973. 0 NEW CADET RECRUTTING LEXINGTON, VA 24450 VIRGINIA MILITARY INSTITUTE PO BOX 932 54-6001803 115 0. LEXINGTON, VA 24450 16,926. MOODY HALL OPERATIONS VIRGINIA MILITARY INSTITUTE PO BOX 932 LEXINGTON, VA 24450 54-6001803 115 32,879 0. PLACEMENT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
rt IV Supplemental Information. Provide the informatio	n required in Part I, lin	e 2; Part III, columi	n (b); and any other ac	Iditional information.	
RT I, LINE 2:					
I ALUMNI ASSOCIATION, INC. AWA	RDS ASSISTA	NCE ONLY	TO VIRGINIA	MILITARY	
STITUTE, A STATE-SUPPORTED SCH					
STITUTE'S NEED AND REQUEST FOR					
~					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

VMI ALUMNI ASSOCIATION, INC.

Employer identification number 54-0515753

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	<u> </u>
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEPHEN M. MACONI	(i)	0.	0.	0.	0.	0.	0.	0.
CEO THROUGH 10/2021	(ii)	271,181.	5,280.	2,344.	18,275.	2,728.	299,808.	0.
(2) DAVID L. PRASNICKI	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	193,405.	9,760.	1,579.	8,400.	1,448.	214,592.	0.
(3) CRISSY S. ELLIOTT	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	128,314.	10,840.	490.	13,750.	4,350.	157,744.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
TYPE OF BENEFIT: TRAVEL FOR COMPANIONS
LISTED PERSON WHO RECEIVED THE BENEFIT: COO OF VMI ALUMNI ASSOCIATION
WAS THE BENEFIT TREATED AS TAXABLE TO LISTED PERSON? TRAVEL FOR COMPANIONS
IS TREATED AS TAXABLE INCOME ONLY IF THERE IS OVERSEAS TRAVEL INVOLVED.
THERE WAS NOT ANY SUCH TRAVEL FOR THIS FISCAL YEAR.
PART I, LINE 3:
THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS ALL SALARIES.
COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.
PART I, LINE 4A:
STEPHEN MACONI RECEIVED SEVERANCE PAYMENT IN THE AMOUNT OF \$45,744.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 54-0515753 VMI ALUMNI ASSOCIATION, INC. FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELATIONS. FORM 990, PART VI, SECTION A, LINE 6: INC. HAS MEMBERS CONSISTING OF THOSE WHO THE VMI ALUMNI ASSOCIATION, GRADUATED AND ATTENDED VMI. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ALUMNI ASSOCIATION ELECT DIRECTORS OF THE ALUMNI ASSOCIATION. FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO ITS FILING, A PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS DISTRIBUTED TO AND REVIEWED BY THE BOARD MEMBERS DURING A SCHEDULED MEETING. SINCE A COMPLETE COPY OF THE FORM 990 WAS NOT PROVIDED TO THE BOARD, THE ASSOCIATION HAS ANSWERED NO TO FORM 990, PART VI, QUESTION 11A. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY ALL BOARD MEMBERS. ADDITIONALLY, A CONFLICT OF INTEREST POLICY WHICH GOVERNS ALL BOARD MEMBERS IS IN PLACE AND REVIEWED AND UPDATED ANNUALLY FOR EXISTING AND NEW BOARD MEMBERS. IF A CONFLICT BETWEEN THE ORGANIZATION AND A BOARD MEMBER ARISES, THAT BOARD MEMBER RECUSES HIMSELF FROM VOTING OR OTHERWISE INFLUENCING POLICY ON THAT MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization VMI ALUMNI ASSOCIATION, INC.	Employer identification number 54-0515753
THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS	ALL SALARIES.
COMPARATIVE DATA IS SUPPLIED FOR ALL POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSIT	E AND ARE ALSO
AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS AN AUDIT COMMITTEE IN PLACE THAT ASSU	MES
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTIO	
INDEPENDENT ACCOUNTANT. THE AUDITED FINANCIAL STATEMENTS	ARE REVIEWED
AT A SCHEDULED MEETING EACH YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization VMI ALUMN	ne of the organization VMI ALUMNI ASSOCIATION, INC.									
Part I Identification of Disregarded Entities	Complete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r Total incom	me End-of-year a	assets Direct o	(f) controlling ntity				
Part II Identification of Related Tax-Exempt organizations during the tax year.	t Organizations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one o	r more related tax-exe	mpt				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No				

SUPPORT VIRGINIA MILITARY

STATE-SUPPORTED SCHOOL

SUPPORT INTERCOLLEGIATE

ATHLETIC PROGRAMS AT VMI

RECEIVE AND MANAGE ASSETS

FOR THE SUPPORT OF VMI

INSTITUTE, A

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

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PO BOX 932

PO BOX 932

PO BOX 932

LEXINGTON, VA 24450

LEXINGTON, VA 24450

LEXINGTON, VA 24450

VMI FOUNDATION, INC. - 54-0505966

VMI KEYDET CLUB, INC. - 52-1300039

VMI ALUMNI AGENCIES BOARD, INC. - 54-1429093

VIRGINIA

VIRGINIA

VIRGINIA

501(C)(3)

501(C)(3)

501(C)(3)

LINE 7

LINE 7

LINE 12B, II

		0 11 200 1 1	"\"	4.1 9.1 1 1.1
	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 3	4, because it had one or more related
	organizations treated as a partnership during the tax year.		, ,	,
	organizations treated as a partitorship during the tax year.			

(a)	(b) (c) (d)			(e)	e) (f) (g)				(i)	(j)	(k)																	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	gal Direct controlling Predominant income Share of total Share of Discognitionate Code V-LIE	Predominant income	Predominant income	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total Share of	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No																		
				1					1																			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		couritry)						Yes	No
	-								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

D	Giff, grant, or capital contribution to related organization(s)				מו			
С	Gift, grant, or capital contribution from related organization(s)				1c	X		
	Loans or loan guarantees to or for related organization(s)				1d		X	
	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X	
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X	
m Performance of services or membership or fundraising solicitations by related organization(s)								
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n	X		
Sharing of paid employees with related organization(s)								
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses								
r	Other transfer of cash or property to related organization(s)				1r		X	
s	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relat	onships and transaction thresholds.				
	(a) Name of related organization	(b)	(c)	(d)				
	Name of related organization	Transaction	Amount involved	Method of determining amount in	/olved			
		type (a-s)						
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Gener mana partn	(Hal or Perce ping owne	k) entage ership
								Ochodolo			